

## ASSESSMENT

Name of loved one \_\_\_\_\_ Date \_\_\_\_\_  
Medical Impairment(s): \_\_\_\_\_

### GENERAL INFORMATION

	Yes	No
Does loved one still drive?	_____	_____
Does loved one smoke?	_____	_____
Does loved one drink alcoholic beverages?	_____	_____
Does loved one have an alcohol/drug dependency?	_____	_____
Does loved one appear to be content with themselves?	_____	_____
Does loved one appear to be content with their life?	_____	_____

### LIVING ARRANGEMENTS

\_\_\_\_\_ Lives alone  
\_\_\_\_\_ Lives with spouse. Who is in charge? \_\_\_\_\_  
\_\_\_\_\_ Lives with family member. Who/relationship \_\_\_\_\_  
\_\_\_\_\_ Has home health aid  
\_\_\_\_\_ Is housebound

### ACTIVITY LEVEL

<u>Activity</u>	<u>Without help</u>	<u>With help</u>	<u>Must have help</u>
Prepares meals	_____	_____	_____
Eats	_____	_____	_____
Dresses and undresses	_____	_____	_____
Grooms themselves	_____	_____	_____
Toileting	_____	_____	_____
Gets in and out of bed	_____	_____	_____
Bathes	_____	_____	_____
Takes medications	_____	_____	_____
Moves around home	_____	_____	_____
Moves around the community	_____	_____	_____
Keeps house clean	_____	_____	_____
Does laundry	_____	_____	_____
Does grocery and other shopping	_____	_____	_____
Pays bill	_____	_____	_____
Can afford current expenses	_____	_____	_____

OTHER (check all that apply)

☐ Lacks social involvement

☐ Likes being alone

☐ Is under stress. Please Describe \_\_\_\_\_

☐ Has experienced a significant loss in past two years (ie. death of a spouse, retirement, or loss of physical abilities)

☐ Appears to be forgetful

☐ Has a hearing problem

☐ Has a vision problem

☐ Complain of physical discomfort.

☐ Tolerates pain.

☐ Is incontinent.